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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) OVERBY, PAULA MIRARE, , ,			2. Candidate's FEC Identification Number H4MN02136	
(b) Address (number and street) P.O. BOX 211336		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code EAGAN MN 55123		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation OTHER	5. Office Sought House	6. State & District of Candidate MN 02		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) PAULA OVERBY FOR CONGRESS		
(b) Address (number and street) 835 CLIFF ROAD		
(c) City, State, and ZIP Code EAGAN MN 55123		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) PAULA OVERBY FOR CONGRESS		
(b) Address (number and street) 835 CLIFF ROAD		
(c) City, State, and ZIP Code EAGAN MN 55123		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate OVERBY, PAULA MIRARE, , , [Electronically Filed]	Date 03/15/2022
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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